

James E. Egan
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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

CECIL R. BERRY, a single individual,
Plaintiff,

Cause No. 4:16-CV-05006-SAB

v.

**DECLARATION OF
JAMES EGAN**

NEW YORK LIFE INSURANCE
COMPANY,

Defendant.

STATE OF WASHINGTON)
County of Benton) ss.

I, James E. Egan hereby declare that the attached is a true and correct copy of the Insurance Commissioner's Certificate of Service which states that it has accepted service of the Summons; Complaint; and Civil Case Schedule Order for New York Life Insurance Company.

Dated this 27th day of January, 2016.

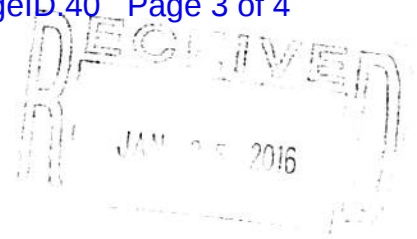
s/James Egan
James E. Egan, WSBA # 3393
Attorney for Plaintiff

CERTIFICATE OF SERVICE

I hereby certify that on January 27, 2016, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF System which will send notification of such filing to the following:

Tim D. Wackerbarth and Andrew G. Yate, Attorney's for New York Life Insurance Company.

s/James Egan
James E. Egan, WSBA # 3393
Attorney for Plaintiff



IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF BENTON

CECIL R. BERRY, a single)	
individual,)	
)	
Plaintiff,)	NO. 16-2-000042-5
)	
vs.)	<u>INSURANCE COMMISSIONER'S</u>
)	<u>CERTIFICATE OF SERVICE</u>
NEW YORK LIFE INSURANCE)	
COMPANY,)	
)	
Defendant,)	

THIS IS TO CERTIFY that the Insurance Commissioner of the State of Washington has accepted service of

SUMMONS; COMPLAINT; CIVIL CASE SCHEDULE ORDER

in the above-mentioned matter on JANUARY 19, 2016, on behalf of and as statutory attorney for

NEW YORK LIFE INSURANCE COMPANY

an authorized foreign or alien insurer, and has forwarded a duplicate copy thereof to said insurance company pursuant to RCW 48.02.200 and 48.05.200.

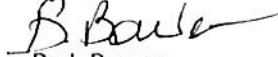
ISSUED AT OLYMPIA, WASHINGTON: JANUARY 19, 2016

Certification No: 70150640000107661930

MIKE KREIDLER

Insurance Commissioner

By



Barb Bowen

Service of Process Coordinator

Original to:

James E. Egan, P.S.
James E. Egan, P.S.
21 N. Cascade Street
Kennewick, WA 99336

Copy to:

NEW YORK LIFE INSURANCE
COMPANY
ROBERT KARMEN
51 MADISON AVE, ROOM 10SB
NEW YORK, NY 10010